

miniupdate

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TO: Medical Directors, Community-Based Clinics
Directors, Medical Residency Programs
Directors, Nursing Schools
Interested Others

October 9, 2006

FROM: Howard Backer, MD, MPH, Chief
Immunization Branch



Below for your information and reference is an abbreviated copy of the Immunization Branch's bimonthly UPDATE memorandum. The edited version contains medical and technical information on immunization and vaccines. We hope it is helpful. If you have questions on immunizations, please contact the Immunization Coordinator at your local health department.



Materials with the "Over 50?" message are available as flyers, posters, static clings, coffee sleeves and emery boards.

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Reach the Boomers!

It still looks like there will be plenty of influenza vaccine this year. Manufacturers are suggesting that as many as 120 million doses could be available in the US for the 2006–2007 season—a 33% increase over the last year and a 50% increase over 2004–2005. The Centers for Disease Control and Prevention (CDC) and the Advisory Committee on Immunization Practices (ACIP) are projecting that at least 100 million doses of flu vaccine will be available.

How can we ensure complete and appropriate utilization of this vaccine? As a strong start, we should work with community partners to target “baby boomers” 50 and over for flu shots. The baby boom generation represents a very large population cohort that, for the past two years, has been discouraged from seeking flu shots due to short supplies. This year we need to make an extra effort to let them know that flu shots are both recommended and available. For more suggestions about flu shot outreach, see the “Flu Section” of this UPDATE.

DISEASE ACTIVITY AND SURVEILLANCE

The surveillance data reviewed in this section are reported in Table 1. The table includes provisional numbers of cases of *Haemophilus influenzae* type b, hepatitis A, hepatitis B, measles, pertussis, rubella, and tetanus reported in

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2006 with onset in 2006 (as of August 31, 2006). For comparison, the numbers of cases with onset in calendar year 2005 (January to December, 2005) are included. If you have any questions about this table, please contact Jennifer Myers at (510) 620-3848 or JMyers@dhs.ca.gov.

Pertussis: From January to August 2006, 1,013 cases of pertussis were reported in California with onset in 2006, resulting in an annualized incidence rate of 4.08 cases per 100,000 population. Of all cases, 163 (16.1%) were infants less than 12 months old and 295 (29.1%) were 10–17 years old and therefore eligible for the new adolescent Tdap vaccine. Race/ethnicity was specified for 856 out of 1013 cases. Of these, 471 (55.0%) cases were White, non-Hispanic, 283 (33.1%) were Hispanic, 43 (5.0%) were Asian/Pacific Islander, 34 (4.0%) were African American, 21 (2.5%) were American Indian/Alaskan Native, and 4 (0.4%) were of other race/ethnicity. Only one pertussis-related death, a 21-day-old infant, has been reported this year.

Measles: Between January and the beginning of September, six confirmed measles cases have been reported in Alameda, Los Angeles, Sacramento, San Diego, and Santa Clara Counties. All six cases were imported from overseas. The newest laboratory-confirmed cases are both from Sacramento. One is an adult female who traveled to China to adopt a child. Two other parents who traveled from other states to China with the same adoption group also had laboratory-confirmed measles. A sixth case was reported in a young unvaccinated child who recently traveled to the Ukraine. The other four cases were described in the April and June 2006 IZ mini UPDATE.

***Haemophilus influenzae* type b:** From January to August 2006, one case of invasive *Haemophilus influenzae* type B (Hib) was reported in Orange County. This case was reported in detail in the April 2006 IZ mini UPDATE.

Tetanus: From January to August 2006, seven cases of tetanus were reported. The ages of these cases ranged from 42 to 81 years of age. Three cases were people with diabetes and two were injecting drug users (IDU). One of the diabetic cases, age 43 years, and one of the IDU cases, age 67 years, died. Vaccination history was available for two of the cases and neither of them had received tetanus boosters in the 10 years prior to symptom onset.

Hepatitis A: From January to August 2006, 562 cases of hepatitis A were reported in California in 2006, resulting in an annualized incidence rate of 2.26 cases per 100,000 population. Most of the cases (89.7%) were adults. Race/ethnicity was specified for 457 out of 562 cases. Of these, 191 (41.8%) cases were White, non-Hispanic, 150 (32.8%) were Hispanic, 37 (8.1%) were Asian/Pacific Islanders, 69 (15.1%) were African American, 3 cases (0.7%) were American Indian/Alaskan Native, and 7 (1.5%) were of other race/ethnicities.

Hepatitis B: From January to August 2006, 237 cases of hepatitis B were reported in California with onset in 2006, resulting in an annualized incidence rate of 0.95 cases per 100,000 population. Almost all reported cases were in adults (97%). Four cases were reported in children under 18 years of age, and one case was reported with unknown age. These five cases are being investigated in detail by local health

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**Table 1: Reported Cases with Onset in 2006 (by Age Group)
and Incidence of Selected Vaccine Preventable Diseases California, 2006
(Provisional—as of 6/30/2006)**

DISEASE	Age Groups				All Ages	
	0–4yrs	5–17yrs	18+yrs	Unknown	Cases	Rate ¹
Congenital Rubella Syndrome	0	0	0	0	0	0.00
Diphtheria	0	0	0	0	0	0.00
<i>H. influenzae</i> , type B (Hib) ²	1	0	0	0	1	0.06
Hepatitis A	6	51	504	1	562	2.26
Hepatitis B	1	3	232	1	237	0.95
Measles ³	3	0	3	0	6	0.02
Mumps ³	2	0	10	0	12	0.05
Polio	0	0	0	0	0	0.00
Pertussis	209	385	419	0	1,013	4.08
Rubella ³	0	0	1	0	1	0.00
Tetanus	0	0	7	0	7	0.03

1. Annualized incidence rate = cases/100,000 population. Population estimates source: California Department of Finance projections based on the 2000 Census

2. *H. influenzae* is reportable only for cases ≤ 30 years of age

3. Confirmed cases only

Prepared by California Department of Health Services, Immunization Branch

departments. Race/ethnicity was specified for 170 out of 237 cases. Of these, 82 (48.2%) cases were White, non-Hispanic, 42 (24.7%) were Hispanic, 28 (16.5%) were Asian/Pacific Islanders, 11 (6.5%) were African American, 3 (1.8%) were American Indian/Alaskan Native, and 4 (2.4%) were of other races/ethnicities.

Mumps: As of September 7, 2006, 192 possible cases of mumps in California residents with onset of symptoms in 2006 have been reported to the CDHS. Twelve cases have been laboratory confirmed either by the CDHS Viral and Rickettsial Disease Laboratory (VRDL, n=3), commercial laboratories (n=6), or by both VRDL and commercial laboratories (n=3). Nine of the 12 laboratory confirmed cases were between 38 and 59 years of age, 1 case was 75 years old, and 2 cases were under 5 years of age. Five persons had travel history to India, the Philippines, Michigan/Florida, Nevada, or Louisiana. The remaining 180 cases are being reviewed by CHDS and those meeting the CDC/Council of State and Territorial Epidemiologists (CSTE) clinical case definition for mumps are being classified as probable cases. Only confirmed mumps are being reported to the CDC.

Rubella: One case of laboratory confirmed rubella was reported from Santa Clara County with onset in May. A 56-year-old unvaccinated health care worker developed a rash after returning from the Philippines, where she had been

exposed to her niece who had rubella. No other cases occurred among the health care worker's contacts.

Other VPDs: As of August 31, 2006, no confirmed cases of diphtheria, polio, or congenital rubella syndrome (CRS) have been reported to the Immunization Branch.

California Update on Meningococcal Disease, 2004-2006

The recently released "California Surveillance Update: Enhanced Laboratory-Based Meningococcal Disease Surveillance: November 2004–June 2006" reveals that 321 meningococcal disease case-patients (282 confirmed, 39 probable) were identified in California during this time period. In November 2004, CDHS initiated a pilot statewide laboratory-based surveillance project. The goal of the project is to improve laboratory detection and public health management of meningococcal cases. CDHS is also monitoring the potentially changing epidemiology of meningococcal disease in California, following the introduction of the MCV4 vaccine. For more information on this project, contact Kathleen Winter at KWinter@dhs.ca.gov.

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Table 2: Immunization Coverage Among Kindergarten Students at 24 Months of Age by Region¹

	n	DTaP(4+) ²	Polio(3+) ³	MMR(1+) ⁴	Hep B(3+) ⁵	Var(1+) ⁶	4:3:1 ⁷	4:3:1::3 ⁸	4:3:1::3:1 ⁹
ALL	2,592	79.9% ± 2.0%	92.7% ± 1.3%	92.6% ± 1.2%	89.6% ± 1.5%	83.9% ± 1.7%	77.7% ± 2.1%	74.8% ± 2.1%	69.8% ± 2.2%
Los Angeles	804	78.3% ± 4.7%	91.3% ± 3.5%	95.0% ± 1.9%	87.8% ± 3.3%	83.8% ± 3.6%	76.1% ± 4.8%	72.8% ± 5.1%	68.4% ± 5.2%
Other So. California	640	81.0% ± 3.1%	93.6% ± 2.3%	91.2% ± 2.5%	90.5% ± 3.0%	83.4% ± 3.4%	78.9% ± 3.3%	76.6% ± 3.3%	71.5% ± 3.7%
SF Bay Area	476	84.3% ± 4.4%	94.5% ± 2.1%	89.9% ± 3.7%	90.3% ± 2.7%	88.6% ± 3.3%	81.0% ± 4.7%	77.6% ± 4.4%	75.0% ± 4.7%
Central Coast	119	84.1% ± 9.6%	93.8% ± 4.3%	95.7% ± 6.9%	92.6% ± 6.2%	82.1% ± 7.5%	81.3% ± 9.7%	78.3% ± 9.5%	69.9% ± 8.4%
Central Valley	176	73.4% ± 5.7%	89.7% ± 4.1%	91.4% ± 3.2%	88.8% ± 2.5%	85.1% ± 4.3%	72.2% ± 5.9%	68.8% ± 5.8%	65.7% ± 6.2%
North Central Valley	198	82.9% ± 6.4%	94.5% ± 4.2%	93.5% ± 4.0%	89.0% ± 7.9%	82.3% ± 5.8%	81.2% ± 6.8%	75.7% ± 8.7%	67.7% ± 9.2%
Rural No. California	179	75.0% ± 6.8%	92.0% ± 3.1%	92.3% ± 2.6%	90.5% ± 4.7%	79.6% ± 6.6%	73.8% ± 7.1%	72.4% ± 7.2%	64.5% ± 8.0%

1. Regions do not exactly match Field Rep assigned regions:

- Los Angeles includes Los Angeles County
 - Other So. California includes Imperial, Orange, Riverside, San Bernardino, and San Diego Counties
 - SF Bay Area includes Alameda, Contra Costa, Marin, Napa, San Francisco, San Mateo, Santa Clara, Solano, and Sonoma Counties
 - Central Coast includes Monterey, San Luis Obispo, Santa Barbara, Santa Cruz, and Ventura Counties
 - Central Valley includes Fresno, Kern, Kings, Madera, Merced, and Tulare Counties
 - North Central Valley includes Sacramento, San Joaquin, and Stanislaus Counties
 - Rural No. California includes Alpine, Amador, Butte, Calaveras, Colusa, Del Norte, El Dorado, Glenn, Humboldt, Inyo, Lake, Lassen, Mariposa, Mendocino, Modoc, Mono, Nevada, Placer, Plumas, San Benito, Shasta, Sierra, Siskiyou, Sutter, Tehama, Trinity, Tuolumne, Yolo, and Yuba Counties
2. Four or more doses of any diphtheria and tetanus toxoids and pertussis vaccines including diphtheria and tetanus toxoids, and any acellular pertussis vaccine (DTP/DTaP/DT)
3. Three or more doses of any poliovirus vaccine
4. One or more doses of measles-mumps-rubella vaccine
5. Three or more doses of hepatitis B vaccine
6. One or more doses of varicella vaccine, unadjusted for history of varicella disease
7. Four or more doses of DTaP, three or more doses of Polio, and one or more doses of MMR
8. Four or more doses of DTaP, three or more doses of Polio, one or more doses of MMR, and three or more doses of Hep B
9. Four or more doses of DTaP, three or more doses of Polio, one or more doses of MMR, three or more doses of Hep B, and one or more doses of varicella

ASSESSMENT ACTIVITY

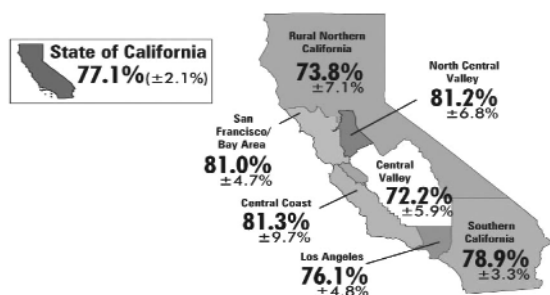
2006 Kindergarten Retrospective Survey Results

The annual Kindergarten Retrospective Survey (KRS) is a primary source of information about childhood immunization coverage in California. Local health departments visited 240 schools with kindergartens and collected copies of every sixth student's immunization record (blue card). This year's sample consisted of 2,592 children, the majority of whom were born in 2000. Birth dates and immunization dates are used to retrospectively estimate immunization coverage at 3, 5, 7, 13, 19, and 24 months.

This year, the percentage of kindergarten students at 24 months of age with the 4:3:1 vaccine series (4+ DTP, 3+ Polio, and 1+ MMR) was 77.2±2.1%. Immunization coverage varied by race/ethnicity as shown in Table 2. Coverage with the 4:3:1 series was 86.2±5.6% among Asian children, 77.9±2.7% among Hispanic children, 76.7±4.5% among White children, and 65.9±10.6% among Black children.

California's KRS is one of the only sources of information on subpopulations of African-American and Asian children, and data suggest a serious and persistent disparity in immunization coverage among African-American children. Over the past 5 years, coverage with the 4:3:1 vaccine series among African-American children has been significantly lower than White, Hispanic, and Asian children and this is consistent at all age checkpoints.

Figure A: 4:3:1¹ Coverage Among Kindergarten Students at 24 Months of Age by Region²



- Four or more doses of DTaP, three or more doses of polio, and one or more doses of MMR
- Regions do not exactly match Field Rep assigned regions:
 - Los Angeles includes Los Angeles County
 - Other So. California includes Imperial, Orange, Riverside, San Bernardino, and San Diego Counties
 - SF Bay Area includes Alameda, Contra Costa, Marin, Napa, San Francisco, San Mateo, Santa Clara, Solano, and Sonoma Counties
 - Central Coast includes Monterey, San Luis Obispo, Santa Barbara, Santa Cruz, and Ventura Counties
 - Central Valley includes Fresno, Kern, Kings, Madera, Merced, and Tulare Counties
 - North Central Valley includes Sacramento, San Joaquin, and Stanislaus Counties
 - Rural No. California includes Alpine, Amador, Butte, Calaveras, Colusa, Del Norte, El Dorado, Glenn, Humboldt, Inyo, Lake, Lassen, Mariposa, Mendocino, Modoc, Mono, Nevada, Placer, Plumas, San Benito, Shasta, Sierra, Siskiyou, Sutter, Tehama, Trinity, Tuolumne, Yolo, and Yuba Counties

Immunization coverage among California's children is similar across regions. This year, the percentage of kindergarten students at 24 months of age with the 4:3:1 vaccine series was 77.2±2.1% for all California children, 76.1±4.8% among children in Los Angeles, 78.9±3.3% among children in Southern California, 81.0±4.7% among children in the Bay Area, 81.3±9.7% among children in the Central Coast, 72.2±5.9% among children in the Central Valley, 81.2±6.8% among children in the North Central Valley, and 73.8±7.1% among children in rural Northern California. Although the point estimates may seem different, once confidence intervals are factored in, any observed differences are not statistically significant.

California's National Immunization Survey (NIS) Results

Results of the 2005 NIS indicate that coverage with the recommended vaccines remained at or near all-time high levels. Nationally and in California, vaccination coverage with three or more doses of pneumococcal vaccine was significantly higher in 2005 than in previous years, despite shortages of this vaccine during 2001–2004.

Table 3 shows that coverage levels for vaccine series were similar in the U.S. and California. Only one state (Massachusetts) had statistically higher 4:3:1:3:3:1 (4 DTaP, 3 polio, 1 MMR, 3 Hib, 3 HepB and 1 varicella) series coverage than California and the nation.

Nationally, no racial/ethnic disparities in vaccination coverage were observed for the 4:3:1:3:3:1 series. In California, there were no differences in coverage between White, non-Hispanic and Hispanic children.

Estimates of vaccination coverage among Black non-Hispanic and Asian non-Hispanic children were not available for California due to the small sample size.

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Table 3: Estimated Vaccination Coverage Among Children 19–35 Months by Series, 2005

	4:3:1 ¹	4:3:1:3 ²	4:3:1:3:3 ³	4:3:1:3:3:1 ⁴
US National	83.1±1.0	82.4±1.0	80.8±1.0	76.1±1.1
California	80.5±4.3	79.9±4.3	77.9±4.4	74.0±4.8
CA-Alameda Co.	77.8±8.2	76.7±8.2	74.0±8.5	71.1±8.7
CA-Los Angeles Co.	82.9±5.4	81.7±5.6	79.0±5.8	77.9±5.9
CA-San Bernardino Co.	72.1±7.2	69.3±7.9	67.7±7.9	62.8±8.1
CA-Rest of State	80.3±6.4	80.2±6.4	78.5±6.6	73.4±7.1

- Four or more doses of DTP, three or more doses of poliovirus vaccine, and one or more doses of any MCV.
- Four or more doses of DTP, three or more doses of poliovirus vaccine, one or more doses of any MCV, and three or more doses of Hib.
- Four or more doses of DTP, three or more doses of poliovirus vaccine, one or more doses of any MCV, three or more doses of Hib, and three or more doses of HepB.
- Four or more doses of DTP, three or more doses of poliovirus vaccine, one or more doses of any MCV, and three or more doses of Hib, three or more doses of HepB, and 1 or more doses of varicella.

Source: National Immunization Survey, 2005
Prepared by the California Department of Health Services, Immunization Branch

In 2005, the NIS was conducted for the first time in Alameda and San Bernardino counties. Vaccination coverage in San Bernardino and Alameda counties were similar to California estimates. Vaccination coverage levels in Los Angeles remained relatively high (although they were not different from the rest of the state).

NIS results were released mid-September and all data are available on the National Immunization Program website at www.cdc.gov/nip/coverage.

VACCINE RISKS AND BENEFITS

Interim HPV Vaccine VIS Online

An interim Vaccine Information Statement (VIS) for human papillomavirus (HPV) vaccine has recently been posted on the National Immunization Program's website at www.cdc.gov/nip/publications/VIS. A final version of the VIS is expected to be available towards the end of the year—after the Advisory Committee on Immunization Practices (ACIP) final recommendations are published and the vaccine is incorporated into the Vaccine Injury Compensation Program. In the meantime, bulk supplies of the interim HPV Vaccine VIS in English are now available to the local health departments. The Spanish version is expected later this month.

VACCINES FOR CHILDREN (VFC) PROGRAM

VMBIP Update

The Centers for Disease Control and Prevention (CDC) recently announced that it will contract with McKesson Specialty Distribution LLC to provide centralized vaccine distribution services for CDC and its 64 immunization grantees.

Over the next few months, the Vaccine Management Business Improvement Project (VMBIP) planning team will work closely with CDC to plan for the transition to this centralized distributor. The start date for California is still being negotiated, but is likely to be mid-December at the earliest. To help providers prepare for the VMBIP transition, the Immunization Branch will be making a number of materials available starting in October. These will include a revised order/reporting form and additional guidance for local health departments. Questions about VMBIP may be directed to Maria Volk at MVolk@dhs.ca.gov.

PROFESSIONAL INFORMATION AND EDUCATION

2006 Epidemiology and VPD Prevention Course

Hurry! Time is running out to register for this year's course! Registration ends November 1st, 2006. The live version of CDC's Epidemiology and Prevention of Vaccine-Preventable Diseases Course will be hosted by the Immunization Branch in Concord on November 13 and 14, 2006 and in Torrance on November 16 and 17, 2006. The brochure is available on the Immunization Branch website at www.dhs.ca.gov/ps/dcdc/izgroup/news.htm. A \$40 nonrefundable fee is required to confirm your registration. For questions, please contact Myan Nguyen at MNguyen2@dhs.ca.gov or (510) 620-3739.

Save the Date: Adult IZ Satellite Broadcast December 7

December will be here soon; mark your calendar now for the Adult Immunization Update satellite broadcast on Thursday, December 7 from 9–10:30 a.m. This important live program will cover the latest in adult immunization recommendations from the Centers for Disease Control and Prevention. More information on the program and how to register will be available soon at www2.cdc.gov/phtn

2007 Distance Learning Conference: Building Capacity: Reaching New Heights of Global Preparedness

Heads-up: The 2007 Distance Learning Conference has been scheduled for April 5–6, 2007 at the Embassy Suites Hotel in South Lake Tahoe. This two-day statewide capacity-building conference will focus on the role of distance learning for public health emergency preparedness.

Distance Learning Facilitators are encouraged to put this on their calendars for next year. The conference is sponsored jointly by the California Distance Learning Health Network and the CDHS Immunization Branch. For more information, contact Patti Holsclaw at PHolsclaw@projects.sdsu.edu or (619) 594-7473.

PUBLIC INFORMATION AND EDUCATION

New Immunization Branch Website Launched!

The Immunization Branch is very pleased to announce a whole new look for our website. The URL is the same, but the site is completely different! The site is now divided into

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four channels based on our audiences: Me and My Family, Health Care Professionals, School and Child Care Providers, and Policymakers and the Media. Users can also navigate the site by disease. We look forward to continuing to add new content to address the information needs of professionals and the public. We encourage you to check it out yourself at www.getimmunizedca.org

Wash Your Hands Jingle Goes Bilingual!

Those of you who participated in the “Wash Your Hands” respiratory disease prevention informing campaign last year are familiar with our holiday season public service announcement jingle. By popular demand, we recorded a new 30-second jingle, still to the tune of “Jingle Bells,” in Spanish. This will open new doors for reaching bilingual child care centers and classrooms and Spanish media for our hand-hygiene informing efforts over the holidays.

This year’s campaign also contains two new pieces: an “extended play” full-length song version of the jingle in English (with new original lyrics!) and a 30-second video featuring a special guest appearance from a very jolly holiday icon. For additional information, contact Tammy Pilisuk at TPilisuk@dhs.ca.gov.

Preteen Vaccine Week Plans Gear Up

We are happy to report that plans for the January 2007 Preteen Vaccine Week (PVW) are well underway. The PVW observance will be January 21 to 27, 2007. To jumpstart the week, the Immunization Branch will be holding a kick-off media event at a Sacramento-based middle school on January 18. Guest speakers will include members of the Monarch’s basketball team and State public health officials.

A host of new materials for preteens, parents, schools, and health care providers will be available at LHDs soon. This will be an opportunity to promote prevention and wellness for hard-to-reach 11- and 12-year-olds.

Emphasis will be on promoting a Tdap booster shot, a second dose of varicella, and, for girls, the new HPV vaccine to protect them against cervical cancer. Public service announcement (PSA) radio spots for parents and preteens are planned for airing in January. For more information about the PVW informing campaign, contact Natalie Nakahara at NNakahara@dhs.ca.gov.

INFLUENZA AND PNEUMOCOCCAL ACTIVITIES

CA Sentinel Provider Influenza Surveillance Program Needs Clinicians

The CDHS Sentinel Provider Influenza Surveillance Program is recruiting providers to participate in influenza-like illness surveillance for the 2006–2007 influenza season. The number of clinicians enrolled in the program is currently below the minimum recommended to sufficiently

represent the population of California! Sentinel Providers contribute valuable clinical and epidemiological information to state, national, and global influenza surveillance. For more information or to enroll in the program for the upcoming flu season, please contact Melissa Dahlke at (510) 620-3494 or email flu@dhs.ca.gov.

Radio Spots for Boomer Flu Shots

Starting in October, don’t be surprised if you turn on the radio and hear a public service announcement (PSA) encouraging adults 50 and over to get their flu shots. The Immunization Branch teamed up with the California Distance Learning Health Network (CDLHN) to create two new radio PSAs (one in English, one in Spanish) targeting baby boomers 50 and older. The spots will start airing in selected media markets during October. You can also listen to audio files of the PSAs on the Immunization Branch website at www.getimmunizedca.org. For more information about the PSAs or to help with local distribution efforts, please contact Rebeca Boyte at RBoyte@dhs.ca.gov.

New Bilingual Flu Flyer: Protect Babies!

The “Protect Babies” flyer (IMM-823) is now available in English and Spanish. The new two-sided, bilingual flyer reminds everyone that the best way to protect infants from influenza is to immunize the adults around them. Flu shots—or the FluMist® nasal spray—can help parents, grandparents, guardians, and child care providers stop the virus from spreading to vulnerable infants. Copies can be ordered from your local health department or downloaded from www.GetimmunizedCA.org

PANDEMIC AND BT PREPAREDNESS

New Flyer: Preparing for Pandemic Flu

A new brochure, “Ways to Protect Yourself from Flu and Pandemic Flu” (IMM-853), was recently developed as a joint effort between the Immunization Branch and the Emergency Preparedness Office (EPO). This brochure offers simple ways for consumers to protect themselves and their loved ones during flu season and offers special advice on how to prepare for a possible pandemic situation.

The brochure includes a list of essential emergency kit items, emergency planning tips every family should take into consideration, and basic hygiene measures to prevent the spread of germs. Consider using this brochure in your efforts to improve public preparedness for pandemic influenza. A copy of the brochure is enclosed and will be available to order in mid-October.

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Save the Date! Next Pan Flu Broadcast: May 17, 2007

We've begun development for our next satellite broadcast and tabletop exercise training program. Tentatively titled Pandemic Influenza Preparedness for Schools, the new multi-media training is being created in response to needs expressed by health officers, BT coordinators, and training facilitators from our last broadcast and tabletop training, Pandemic Influenza and Public Health Law, which was very well received by local health departments. The broadcast will air live Thursday, May 17, 2007 to satellite locations throughout the United States. Stay tuned for more information.

IMMUNIZATION REGISTRIES

Clinic Challenge: Registry Can Help Workflow

A new brochure, "Is Your Immunization Workflow All It Could Be?" (IMM-861), is in production. The brochure contains a worksheet offering medical practices a side-by-side comparison of routine immunization tasks performed manually and with an immunization registry. A sample is enclosed. Copies of the brochure will be made available to California's regional immunization registries for distribution. To find out more, visit www.ca-siis.org to locate the regional registry nearest to you or contact Tammy Pilisuk at TPilisuk@dhs.ca.gov.

Registry Bill Signed into Law

In September, Governor Schwarzenegger signed into law Assembly Bill 576 (Wolk), amending California's existing statute on immunization registries. This law includes provisions to make it easier to share immunization data and strengthens California's immunization registry system statewide. The bill also requires the CDHS to develop a plan to fully populate and financially sustain the statewide immunization information system over time. The text of the new law is posted on www.ca-siis.org.

IZ COALITION ACTIVITIES

October's Binational Health Week!

The sixth annual Binational Health Week (BHW) is upon us. This year BHW is being celebrated throughout the US and Mexico from October 7 to 15. During this observance, involved agencies and partners roll out a weeklong series of health promotion and education activities. Local events emphasize disease prevention, medical screenings, health care referrals, and treatment services to immigrant workers and their families. BHW is part of a large cooperative program between North and Central American countries to improve the health of Latino immigrants living and working in the United States and Canada. For more information or to find an event near you, visit www.binationalhealthweek.org.

MISCELLANEOUS

New Law Creates CA Department of Public Health

On September 14, 2006, Governor Schwarzenegger signed Senate Bill 162, establishing the new California Department of Public Health. Effective July 1, 2007, the existing California Department of Health Services will split into two separate entities, the Department of Health Care Services (DHCS) and the Department of Public Health (DPH). The Governor will appoint a licensed physician as State Public Health Officer to head the new DPH. The creation of CDPH must be budget-neutral.

The reorganization is expected to give new recognition to California's State public health programs. The mission of the new DPH will be to protect and promote the health status of Californians through population-based public health programs and services. We're excited about additional visibility for public health in general and immunization in particular. More information about the reorganization can be found at www.dhs.ca.gov/home/organization/reorganization/.